PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Complete Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

here s as for

INSTRUCTIONS: This appropriate. All further indicated unless correct	form should be used correspondence included ed below or directed of	for transmitting the ISS ing the Patent, advance therwise in Block 1, by	SUE FEE and PUBLICAT orders and notification of (a) specifying a new corre	TON FEE (if requiremaintenance fees waspondence address:	red). Blocks 1 through 5 s ill be mailed to the current and/or (b) indicating a sen	hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of sideress)				Note: A certificate of mailing can only be used for domestic mailings of the			
28165 7590 08/19/2009 S.C. JOHNSON & SON, INC. 1525 HOWE STREET RACINE, WI 53403-2236				paper. Such additional pattern and the an automatic of the of only other accompanying papers. Such additional pattern and an automatic of formating or transmission. Certificate of maling or transmission. I hereby certify-that this Fee(s) Transmission of the certificate of Maling or Transmission. I hereby certify-that this Fee(s) Transmittal is being deposited with the United States Pofal Service with sufficient postage for first class mail in an envelope addressed so the Mail Sep ISSUE SEE address above, or being facsimile mannation to the USE OF COTTO 2885, on the dept indicated being facilities.			
[S	uzan E. Le	chner (via efile		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/549,435 TITLE OF INVENTION	DISPENSING OF MU	ILTIPLE VOLATILE SU	Heather R. Schramm BSTANCES		J-3890	9476	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional -	NO NO	\$1510	\$300	\$0	\$1810	11/19/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
I. Change of corresponder CFR 1.363).		2121	700-283000				
S.C. JOHN	tation (or "Fee Address" or more recent) attach D RESIDENCE DATA ss an assignee is identi in 37 CFR 3.11. Comp NEE ISON & SON,	Indication form ed. Use of a Customer TO BE PRINTED ON The field below, no assignee letton of this form is NOT INC.	data will appear on the pa I a substitute for filing an a (B) RESIDENCE: (CITY RACINE, V	efirm (having as a m gent) and the names netys or agents. If no winted.	ember a 2		
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XX Corporation or other private group entity Government 4a, The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. The following fee(s) are submitted: 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4c. Payment of Fe							
 Change in Entity Status a. Applicant claims S 	MALL ENTITY status	above) . See 37 CFR 1.27.	h Applicant is no longe	l-ii 63.51.7.7			
NOTE: The Issue Fee and I interest as shown by the rec	ublication Fee (if requi	red) will not be accepted	from anyone other than the	applicant; a register	ed attorney or agent; or the	1.2/(g)(2).	
NOTE: The Issue Fee and Publication Fee Africanting will apple accepted from anyone other than the applicant; a registered attorney cagent; or the assignee or other party in Interest as shown by the recorder by the Indeed Statute, Party and Thedronary Office. Authorized Signature Robert A. Miller Robert A. Miller							
Types of printed name	on is required by 37 CF ity is governed by 35 U pplication form to the U in for reducing this burd in a 22313-1450. DO I 1450.	R 1.311. The information S.C. 122 and 37 CFR 1. ISPTO. Time will vary d on, should be sent to the NOT SEND FEES OR CO	is required to obtain or ret 14. This collection is estin lepending upon the individ Chief Information Officer, OMPLETED FORMS TO ond to a collection of infor-	Registration No in a benefit by the p lated to take 12 mint lal case. Any comm U.S. Patent and Trac THIS ADDRESS. SE mation unless it displ	ublic which is to file (and b) ites to complete, including gents on the amount of time lemark Office, U.S. Departi ND TO: Commissioner for	y the USPTO to process) gathering, preparing, and you require to complete or of Commerce, P.O. Patents, P.O. Box 1450,	
		<u>.</u>		it dispi	ayo a vanic Olvid control nu	moer.	